



INDIANA
DEPARTMENT OF
CHILD
SERVICES

Service Providers

Presentation
Department of Child Services
Interim Study Committee
Sept. 24, 2012

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Placement of Children

*Regina Ashley, Deputy Director of Placement
Support and Compliance*



Child-Protection Services

Prevention

Preservation

Reunification
and
Placement

Permanency
& Supports
After Case
Closure



Placement Options

- Own home
- Non-custodial parent
- Relative caregiver
- Foster home
- Group home
- Residential facilities
- Psychiatric facilities



Restrictive Placement

- Residential Placement Committee:
 - Required by IC 31-25-2-23.
 - Regional committee that reviews the placement of youth in a residential facility.
 - To ensure that the placement is in the:
 - least restrictive,
 - most family like and most appropriate setting available,
 - close to the parent's home,
 - consistent with the best interests and special needs of the child.



Licensing

- DCS licenses facilities to ensure safety of children.
- License Types:
 - Foster Homes (IC 31-27-4 and 465 IAC 2)
 - Child Placing Agencies (IC 31-27-6 and 465 IAC 2-2)
 - Group Home (IC 31-27-5 and 465 IAC 12 - 13)
 - Child Caring Institutions (IC 31-27-3 and 465 IAC 9 - 10)
 - Private Secure Facilities (IC 31-27-3 and 465 IAC 11)



Licensing Requirements

- Valid for 4 years.
- Annual and re-licensure audit on each license.
- Set a minimum standard for providers to ensure safety of children:
 - Employee qualifications
 - Staffing ratios
 - Absence of physical restraints
 - Absence of confinement
 - Fire prevention/building safety



Contracts

- Residential and Child Placing Agency (CPA):
 - Pre-2006: No statewide master contract existed.
 - 2006: Two-year master contract with residential providers; CPA operated under old county contracts.
 - 2008: Four-year master contract with residential providers; CPA operated under old county contracts.
 - 2012: New CPA and Residential master contract went into effect in conjunction with the new rates. This is the current contract in effect.

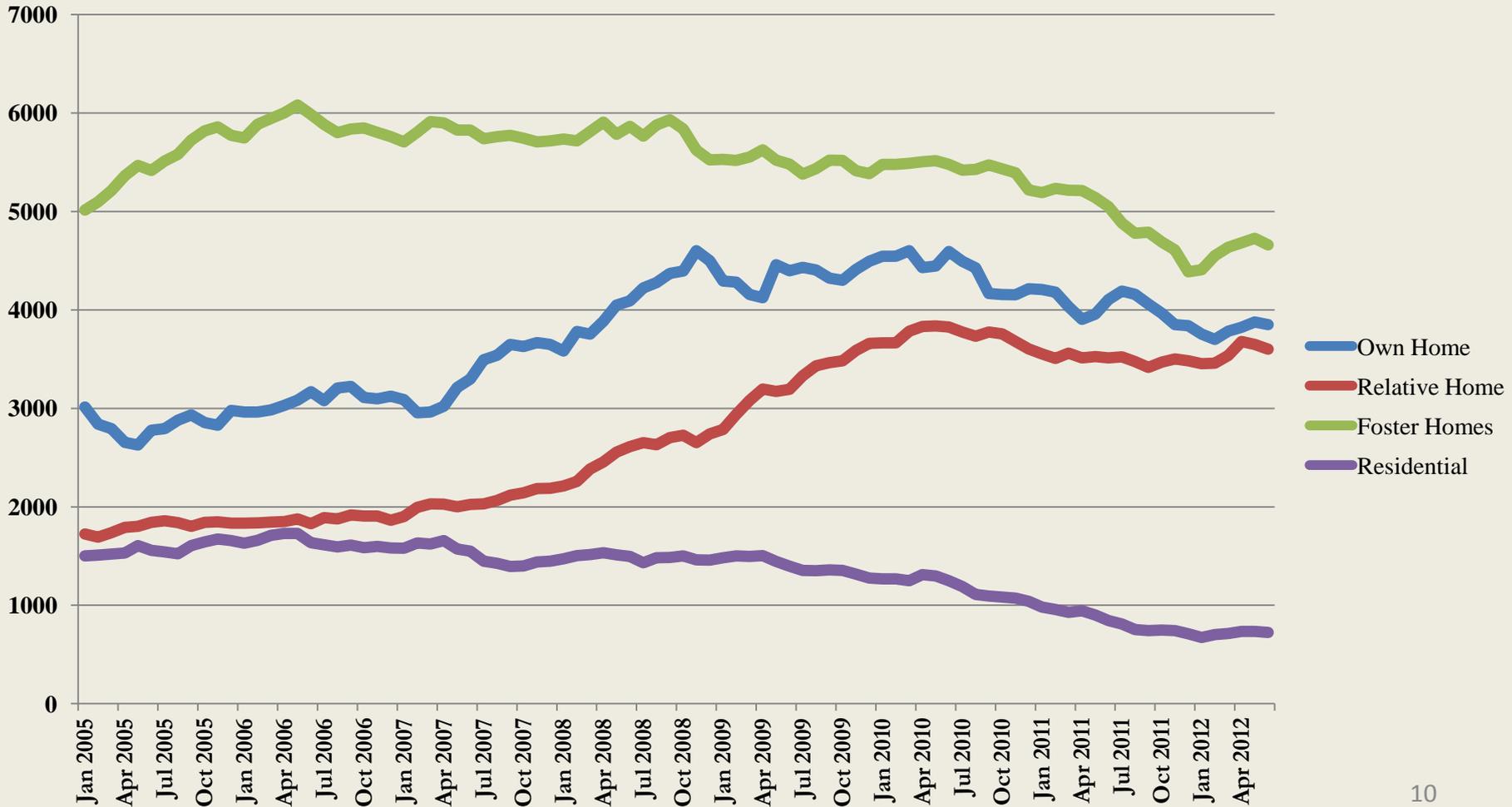


Rate Setting Rules

- Residential and Child Placing Agency Rate Rules:
 - Create a uniform and consistent way to set provider rates.
 - Maximize federal reimbursement.
 - Ensures compliance with Federal Title IV-E.
 - Establish a method for setting provider rates based on each provider's costs, as they reported to DCS.
 - Bill Medicaid for behavioral health services.
 - All services not authorized by Medicaid or in excess of Medicaid authorization is funded by DCS.
 - Administrative review of rates.



CHINS Placement Trends





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Quality of Services

*Richard T. Rowlison, Ph.D., H.S.P.P.,
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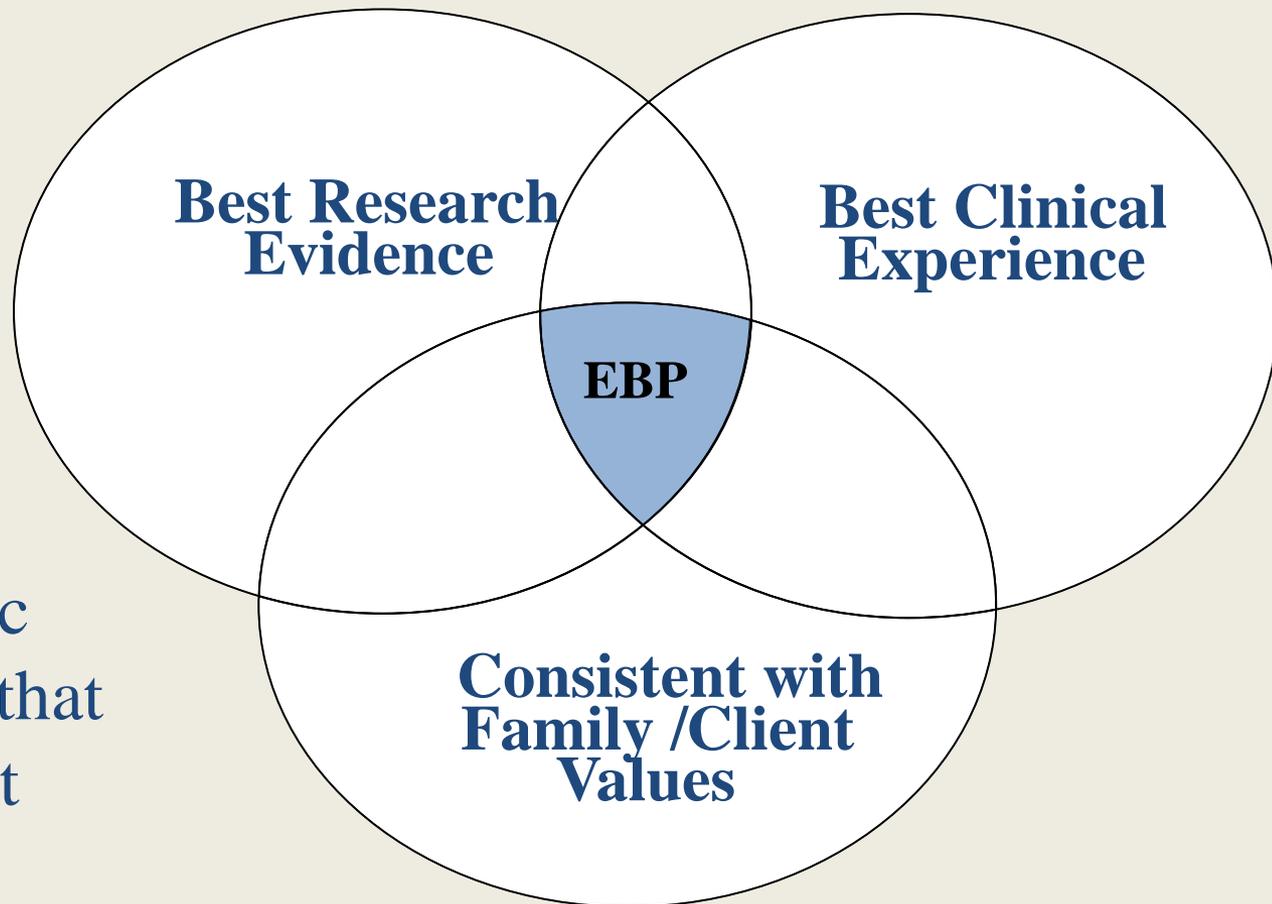
Quality of Services

- Licensing statutes do not evaluate or regulate the “quality” of services provided.
- DCS has begun collecting outcomes from providers to assess quality of services.
- Emphasizing use of evidence-based practices.
 - Example: Trauma Focused Cognitive Behavioral Therapy.

Evidence Based Practice

"Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes."

-Drake et. al. (2001)





Evidence-Based Practice

- To qualify as “evidence-based,” programs must be:
 - Based on a solid scientific theoretical foundation.
 - Implemented and evaluated using research methods.
 - Replicated and evaluated in a variety of settings and with a range of populations.
 - Subjected to critical review with findings published in peer-reviewed journals.
 - “Certified” as evidence-based by a federal agency or a respected research organization (e.g., APA, SAMHSA).



Evidence-Based Practice

- Why use evidence-based practices?
 - *Success* - produce positive outcomes:
 - Increase permanency for youth.
 - Enhance well-being for youth.
 - Improve functioning for youth.
 - *Efficiency* - can be implemented without reinventing the wheel.
 - *Standardized* - can be replicated across multiple locations.
 - *Communication* - create a “common language” to support consistency in services.



DCS Evidence Based Practice Initiative

- To support providers transition to evidence based practices DCS is funding:
 - Training for providers on evidence based practices.
 - Provider implementation costs of evidence based practices.
 - Fidelity costs of evidence based practices.
- Create a trauma-informed system of care.
- Contract with providers to establish a continuum of evidence-based services statewide.
- Develop systems and processes to ensure appropriate utilization of prescribed psychotropic medications.
- Create data systems to allow for analysis of outcome data.



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Homeless Children, Youth Service Bureau's

Lisa Rich, Deputy Director of Services & Outcomes



Homeless Children

- IC 31-36-3-2.
- DCS assessments regarding homeless children must occur within 48 hours of receipt of the report.
- When a homeless child voluntarily enters a shelter facility, the facility must notify DCS within 24 hours and DCS must conduct an assessment.



Youth Service Bureau

- Youth Service Bureau:
 - Non-profit organization designed to provide information and referral to youth and their families, delinquency prevention, community education, and advocacy for youth.
 - IC 31-26-1.
- 33 locations throughout Indiana.
- SFY 2012 allocation for services \$1.3 million.
- Services:
 - Mentoring, teen court/diversion, skills, school, recreation, shelter, counseling/guidance and parent education.



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Child Welfare Funding

John Ryan, DCS Chief of Staff



Before

- Child Welfare Funding:
 - Payment to Indiana child welfare providers for services.
- Before 2009:
 - Funded at the county level through property tax dollars.
 - Budget set by the county council.
 - Inconsistent payment rates (county to county, provider to provider).
 - Inconsistent services offered county by county.
 - Federal reimbursement not being maximized.



Challenges

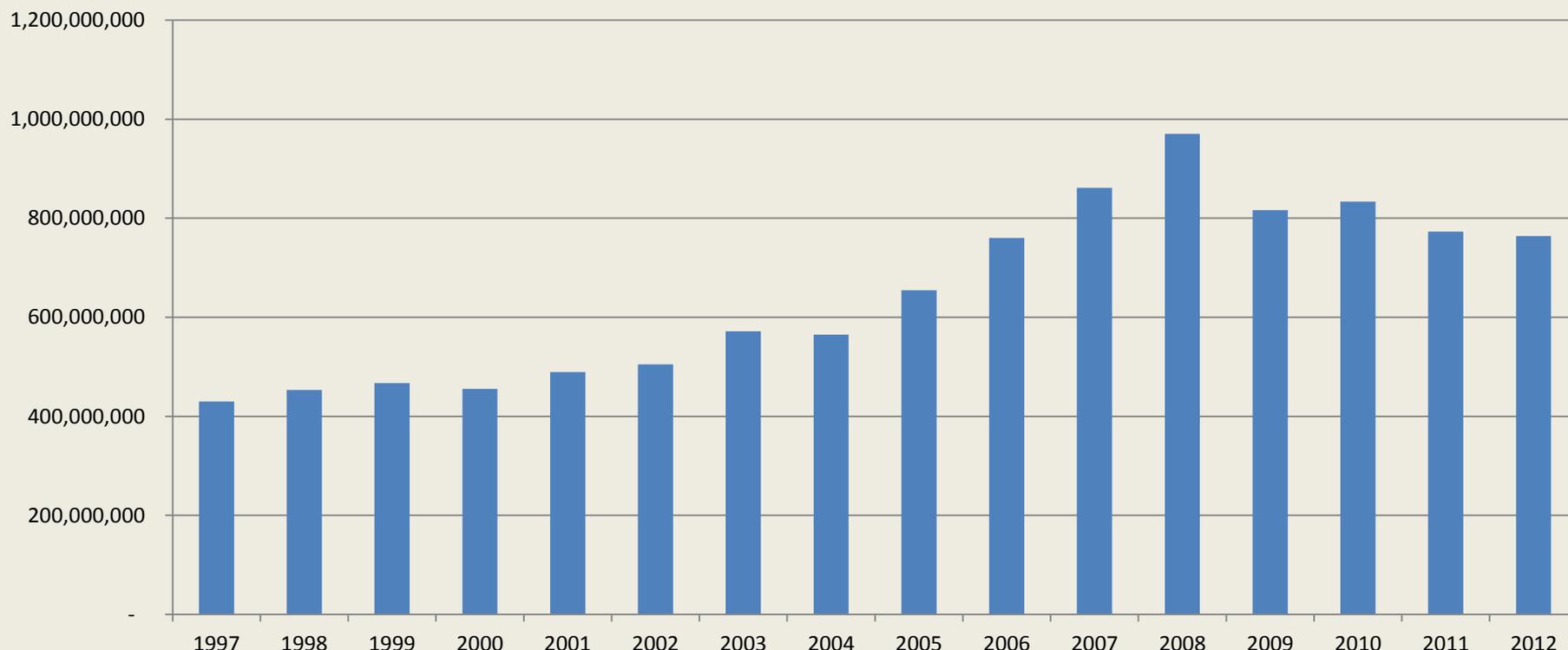
- Challenges:
 - No consistent or uniform rate-setting method.
 - Individual provider rates varied greatly from county to county for the same service.
 - Federal reimbursement was not being maximized.

Provider	Program	County	Rate
Provider A	Level 4 Foster Care	Elkhart	\$110.00
		Grant	\$95.00
Provider B	Level 4 Foster Care	Jennings	\$150.00
		Johnson	\$95.00



Impact

- Impact: County Family and Children Fund increased 41% between 2004 and 2008.





Property Tax Reform

- The property tax reform bill (2008)
 - State assumed the responsibility for the county Family and Children Fund.
- Instituted consistent payment policies and procedures statewide.
- Established consistent services statewide.
- Set statewide rates.
- Established contracts via the existing state process.



After

- After property tax reform:
 - 2009: DCS sought consistency for rates across the state.
 - 2010: DCS centralized all state fiscal staff and put consistent fiscal policies into place.
 - 2012: New rates based on the administrative rules governing rate setting for providers went into effect.



Payment Processing

1. Provider receives a referral from DCS for service.
2. Provider submits an invoice to DCS for service.
 - a) Must be received by DCS within 10 business days of the date on the invoice and billed within 60 days of the last date of services provided.
3. DCS receives and processes invoice, verifying accuracy of information. Invoice is approved by a DCS fiscal supervisor.
4. DCS field staff verifies the service was provided (10 days).



Payment Processing

CONTINUED . . .

5. Invoice it is electronically sent back to DCS to complete internal checks.
6. DCS finance batches multiple providers payments together to create a pay cycle, which is sent to accounts payable and uploaded into encompass.
7. Batch information in encompass is reviewed by a DCS Finance Supervisor, once approved the batch is sent to the auditor of the state for payment.
8. Direct deposit payment is made to provider.
 - In accordance with state fiscal policy and provider contracts DCS pays providers at 35 days.



Invoice Training

- DCS strongly encourages providers to attend training.
 - DCS has held 76 different invoice training sessions at 10 different locations across the State over the past 2 years.
 - DCS continues to offer training to providers.
- Additional training:
 - Provider forums, such as monthly conference call for CPA and residential providers.
 - Individual provider training.



Proposed Solutions

- Establish provider workgroup to collaboratively address billing process.
- Proposed solutions to explore with workgroup:
 - Require providers to bill within 90 days of service being provided, instead of 60.
 - Evaluate how we can streamline the billing process.
 - Designate contact staff for providers to resolve billing issues.
 - Add additional resources to implement e-invoicing faster and to help reduce human error.



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Questions?